



SENIOR CITIZEN AND/OR PEOPLE WITH DISABILITIES FORM REDUCED FARE TRANSPORTATION SERVICES

The purpose of the attached form is to provide written, independent verification that the applicant named has a disability according to the definition in the Americans with Disabilities Act or are over the age of 62. The following form is to be completed by an individual over the age of 62 or a Licensed Healthcare Professional (MD, Nurse, PT, OT, Qualified Mental Health Professional, etc.) who is familiar with the applicant's disability.

DEFINITION OF DISABILITY

Eligibility for this program is based on disability as defined by the Americans with Disability Act (ADA). According to the ADA. "*Disability* means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment". "*...major life activities* means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and work".

ID CARDS

Bring completed attached senior citizen/disability form to the Transit Center on Vine Street. You will be issued a photo ID (non-government issued). The ID card is \$5 for the initial issue and \$5 for any replacements. The applicant must be present to receive ID card. Any passenger with one of these ID cards can ride for half fare. To receive the appropriate discount, the ID must be presented each time.

ID Cards are issued Monday – Friday 8am - 4pm. Walk-in's are welcome or you can call 859-253-4636 to make an appointment.

Fare Type	Cost (with ID card)
Senior Citizens (Age 62 and older)	\$0.50
People with Disabilities	\$0.50
Medicare Cardholders	\$0.50

Please Note:

- A valid Medicare card qualifies as an appropriate ID card for reduced fare.
- A Veteran's Administration ID card indicating SERVICE – or NON-SERVICE CONNECTED qualifies as an appropriate ID card for reduced fare.



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Applicant Information (to be completed by applicant):

Last Name: _____ First Name: _____ M.I.: _____

Address (Street & No.): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

Applicant Signature: _____ Date: _____

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT IF THIS APPLICATION IS APPROVED, I WILL BE ISSUED AN ID CARD. IF ISSUED, THIS ID CARD WILL NOT BE LOANED TO ANYONE ELSE.

Applicants 62 years of age or older please fill out the following:

Date of Birth: _____ Sex: Male ____ Female ____

I submit the following proof:

Birth Certificate: ____ Medicare Card: ____ Driver's License: ____ Other: _____

Licensed Healthcare Professional please answer the following question for applicant younger than 62 years of age:

What is the nature of the applicant's disability? Check all that apply.

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Mobility Disability (please see question to the right) | Please check all mobility aids that apply. | |
| <input type="checkbox"/> Vision Disability | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Hearing Disability | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Motorized Scooter | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Mental Disability | | |
| <input type="checkbox"/> Other-Please Specify: _____ | | |

Signature of Professional: _____ Date: _____

Title: _____ Name of Agency / Organization: _____

Address: _____ Telephone: _____

Agency/Organization Stamp: